

FIELD OFFICE REGISTRATION SERVICE EMPLOYEE LISTING

INSTRUCTIONS:

1. Type or print clearly in blue or black ink.
2. This form and the Registration Service Questionnaire, OL 607, must be submitted to the assigned field office when adding or deleting employees.
 - An employee may not submit registration transactions for processing until their name and identifying information is submitted to the department by completing and submitting this form.
 - Deletions of employees must be reported to the department within ten (10) days.
 - This form must be updated every six months even when there is no change in the employment status of employees.

A — FIRM INFORMATION

FIRM NAME	AREA CODE/TELEPHONE NUMBER	OL NUMBER
FIRM ADDRESS	CITY	STATE ZIP CODE

List all persons employed by the registration service to submit registration work to DMV.

TRUE FULL NAME (LAST, FIRST, INITIAL)	DRIVER LICENSE OR ID CARD NUMBER	DATE OF BIRTH	STATE LICENSE ISSUED	AUTHORIZED TO SIGN FOR OWNER OR MGT.	
				YES	NO

B — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I accept full responsibility for the actions of those employees listed as well as those employees given authority to sign for the owner or management.

PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY	TITLE
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY X	DATE